

Washington State Military Department  
Emergency Management Division  
**SANDBAG USE/TRANSFER RECEIPT**

This form is to be used when Emergency Management Division (EMD)-owned sandbags are used by the custodial or other jurisdiction or state agency, transferred from the custodial jurisdiction to another jurisdiction or state agency, and finally, by the receiving jurisdiction or state agency.

**Documentation of Sandbag Use**

On \_\_\_\_/\_\_\_\_/\_\_\_\_, following verbal permission from the Washington State Duty Officer, or from the Washington State EOC Supervisor, \_\_\_\_\_ used \_\_\_\_\_ EMD-owned sandbags in support of emergency flooding activities under state Incident Number \_\_\_\_ - \_\_\_\_.

**Signature:**

\_\_\_\_\_  
(Signature of Jurisdiction Director or Designee, or State Agency Representative)

**Date:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day/Month/Year)

**NOTE**

The State Office of Financial Management (OFM) requires that jurisdictions must report each instance of distribution of state-owned sandbags to the State EOC  
(e.g., 1000 bags to Gold-View Apartment complex on 4/3/00 for flood fight;  
500 bags to County PW to protect pump station  
2000 bags to volunteers shoring Snail River Dike  
200 bags to Englewood housing development to protect houses)  
This should be reported in the periodic Situation Report (SitRep) forwarded to the State EOC.

**Documentation of Sandbag Transfer**

***Transferring Jurisdiction:***

On \_\_\_\_/\_\_\_\_/\_\_\_\_, following verbal permission from the Washington State Duty Officer, or from the Washington State EOC Supervisor, \_\_\_\_\_ EMD-owned sandbags were transferred to \_\_\_\_\_  
(Jurisdiction or state agency Name)

**Signature:**

\_\_\_\_\_  
(Signature of Transferring Jurisdiction Director or Designee)

**Date:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day/Month/Year)

***Receiving Jurisdiction or State Agency:***

I hereby acknowledge receipt of \_\_\_\_\_ EMD-owned sandbags on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Number) (Day/Month/Year)  
transferred from \_\_\_\_\_  
(PRINTED Jurisdiction Name)

**Signature:**

\_\_\_\_\_  
(Signature of Receiving Jurisdiction Director or Designee or State Agency Representative)

**Date:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day/Month/Year)